

COMMENT

The patient in the case here reported definitely had a toxic drug reaction. He ingested two drugs, Miltown and Transibarb. For the following reasons it is believed that the reaction was to Miltown: The patient noticed the onset of malaise, vertigo, flushing and yawning before he took Transibarb. The Transibarb capsule was taken because of the symptoms that developed after the ingestion of Miltown. There was no sudden change of the symptoms for the worse after the Transibarb was taken. Finally, the reaction was similar to reactions due to Miltown described by Selling.³ Miltown is now being advocated for a wide range of diseases.^{2,3} Few instances of toxicity following its use have been reported.

SUMMARY

A patient had severe toxic reaction following the ingestion of Miltown. This reaction consisted of vertigo, fever, syncope, erythema, purpura, and increased lymphocyte and platelet content in the blood. So far as is known, this is among the few reports of a severe reaction following the use of this drug.

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Untoward Reaction to Meprobamate (Equanil®)

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THE EXTREME PRESENT POPULARITY of the recently introduced ataraxic drug meprobamate* makes advisable wide dissemination of information concerning a severe and characteristic reaction which may appear as early as an hour after the first administration of the drug. A few instances of untoward reactions similar to the one herein described have already been recorded.^{1,2,3,4,5}

REPORT OF A CASE

The patient, a 32-year-old white woman, ingested one 400 mg. tablet of Equanil® (meprobamate) for the first time, on May 28, 1956. Two hours later she noted a warm flushed feeling and a few moments later a red rash, beginning about the neck and

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* Meprobamate is marketed by Wallace Laboratories under the trade name of Miltown, and by Wyeth, Inc., as Equanil.

Submitted July 28, 1956.

rapidly spreading to involve the upper arms, axillae, chest and bathing trunk area. In addition, there was a feeling of faintness and some nausea. On examination four hours after onset of these symptoms the only significant physical abnormality was a bright red diffuse involvement of the skin in the areas mentioned, without appreciable edema, purpura or any urticarial component. A hemogram and results of urinalysis were normal.

The patient was given prednisone, 10 mg. orally every four hours, and rapid relief occurred; after two hours there was only mild erythema and slight itching of the groins and breasts and these symptoms disappeared within another day. A patch test of the skin for reaction to a crushed tablet of Equanil elicited some itching within 36 hours, but the visible reaction was so slight as to be doubtful.

To verify that meprobamate was the cause of the reaction, on June 20, 1956, the patient was asked to take a test dose of 100 mg. (one-fourth of a tablet). Instead she took an entire tablet. An hour later there was a recurrence, in more severe form, of the original reaction, with bright erythema of the same areas, six or seven brief fainting spells within a three-hour period, numbness of the legs, pronounced weakness, nausea and emotional upset described by the patient as "feeling ready to burst into tears." Relief was again achieved with prednisone, although more slowly than before.

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Postpartum Tetany and Psychosis Due to Hypocalcemia

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A 24-YEAR-OLD Mexican girl was brought to the emergency room of the hospital on March 10, 1955, at 5:30 p.m. because the family was concerned about her mental confusion which they said had been present for about three weeks. Vomiting and diarrhea had been present on and off for one week, diplopia for one day. The patient had delivered a normal infant on February 1, 1955. During the

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Submitted January 30, 1956.